



## Section A: National Data System Coding (i.e., PCS)

Section B: Facility Data		
Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NDPES permit number) <b>Meadowbrook Acres, Inc. (Heifer Farm)</b> <b>1119 Pattee Hill Rd.</b> <b>Georgia (Milton), VT 05468</b>	Entry Time/Date 05/15/13	Permit Effective Date N/A
	Exit Time/Date 05/15/13	Permit Expiration Date N/A
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Donald Richards/ Co-Owner / (802) 527-1090</b>	Other Facility Data	
Name, Address of responsible Official/Title/Phone and Fax Number. <b>Donald Richards/ Co-Owner / (802) 527-1090</b>  <div style="text-align: right;">             Contacted  <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No           </div>		

<input type="checkbox"/> Permit	<input type="checkbox"/> Self-Monitoring Program	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> MS4
<input checked="" type="checkbox"/> Records/Reports	<input type="checkbox"/> Compliance Schedules	<input checked="" type="checkbox"/> Pollution Prevention	
<input checked="" type="checkbox"/> Facility Site Review	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Storm Water	
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input type="checkbox"/> Flow Measurement	<input checked="" type="checkbox"/> Sludge Handling/Disposal*	<input type="checkbox"/> Sanitary Sewer Overflow	
	(* Manure)		

SEV Codes					SEV Description

- The inspection type is CAFO, non-sampling.
- The inspection was conducted with Diane Boisclair (OES), Abbi Pajak (VT Agency of Agriculture), and Marli Rupe (VT Dept. of Environmental Conservation).
- The heifer farm operates independently of the main farm located on 1238 Lake Rd in Milton.
- Approximately 75-80 calves maintained here (considered a small AFO/CAFO).
- No pollutant discharge issues observed during the inspection.

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
<b>Lisa Thuot</b>	<b>USEPA, OEME - EIA / 617-918-8366</b>	<b>05/21/13</b>
Signature of Management QA Reviewer	Agency/Office/Phone and Fax Numbers	Date